

**OPERATION TRANSITION - DEPARTMENT OF DEFENSE OUTPLACEMENT REFERRAL SYSTEM (DORS)/
PUBLIC AND COMMUNITY SERVICE (PACS)
INDIVIDUAL APPLICATION
DETAILED INSTRUCTIONS**

SECTION I - PERSONAL INFORMATION

If you are a Service member, complete Items 1 through 13 in their entirety. You do not need to fill out Item 14. If you are a spouse, you must complete all items on the form. All applicants must sign and date the completed form.

Item 1. Name. Print/type your name, last name first.

Item 2. SSN. Enter your Social Security Number.

Item 3. Date Available for Work. Enter the date you will be available for work as year, month, day (YYYYMMDD). Availability should not be beyond 6 months from the current date with the exception of those registering with PACS as required by law for early retirement.

Item 4. Filing Status. Place an X in the first box that applies. If military, place a second X in the box indicating the branch of Service you are in.

Item 5. Citizenship. If you are a U.S. citizen, X the YES box. If not, X the NO box.

Item 6. Registry Selection. Place an X in the program you wish to register for. Selecting PACS only will result in your resume only being referred to Public and Community Service employers.

Item 7. Address and Telephone Number. Print/type the address and telephone number where you can be contacted during the next three to six months and an alternate U.S. telephone number where messages can always be left for you.

Item 8. Regional Work Preferences. Refer to the regional preference list below, and enter up to four two-digit codes for the geographical areas in which you are seeking employment.

REGION 00

Only the specific states and/ or cities selected in Item 9.

REGION 01

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

REGION 02

Delaware
New Jersey
New York
Includes NYC metro area
Pennsylvania

REGION 03

District of Columbia
Includes DC metro area
Maryland
North Carolina
South Carolina
Virginia
West Virginia

REGION 04

Alabama
Florida
Georgia
Mississippi
Puerto Rico
Tennessee
Virgin Islands

REGION 05

Indiana
Kentucky
Michigan
Ohio

REGION 06

Iowa
Minnesota
Montana
North Dakota
South Dakota
Wisconsin

REGION 07

Illinois
Kansas
Missouri
Nebraska

REGION 08

Arkansas
Louisiana
Oklahoma
Texas

REGION 09

Arizona
Colorado
Idaho
Nevada
New Mexico
Utah
Wyoming

REGION 10

California
Includes LA metro area
Oregon
Washington

REGION 11

Alaska

REGION 12

American Samoa
Federated States of
Micronesia

REGION 13

Guam
Hawaii
Marshall Islands
Northern Mariana
Islands

REGION 14

Outside the U.S.A.

STATE	CODE	STATE	CODE	STATE	CODE
Alabama	AL	California	CA	Federated	
Alaska	AK	Colorado	CO	States of	
American Samoa	AS	Connecticut	CT	Micronesia	FM
Arizona	AZ	Delaware	DE	Florida	FL
Arkansas	AR	District of Columbia	DC	Georgia	GA
				Guam	GU

Item 9. Specific Work Preferences (Continued)

STATE	CODE	STATE	CODE	STATE	CODE
Hawaii	HI	Missouri	MO	Pennsylvania	PA
Idaho	ID	Montana	MT	Puerto Rico	PR
Illinois	IL	Nebraska	NE	Rhode Island	RI
Indiana	IN	Nevada	NV	South Carolina	SC
Iowa	IA	New Hampshire	NH	South Dakota	SD
Kansas	KS	New Jersey	NJ	Tennessee	TN
Kentucky	KY	New Mexico	NM	Texas	TX
Louisiana	LA	New York	NY	Utah	UT
Maine	ME	North Carolina	NC	Vermont	VT
Marshall Islands		North Dakota	ND	Virgin Islands	VI
Maryland	MD	Northern Mariana		Virginia	VA
Massachusetts	MA	Islands	MP	Washington	WA
Michigan	MI	Ohio	OH	West Virginia	WV
Minnesota	MN	Oklahoma	OK	Wisconsin	WI
Mississippi	MS	Oregon	OR	Wyoming	WY

Item 10. Highest Education Level Achieved. X the box which most closely matches your highest education level achieved.

Item 11. Year Achieved. Enter the year you achieved Item 10.

Item 12. Major Area of Study. Print/type the degree achieved (if applicable) and the major area of study in Item 10 (e.g., Mechanical Engineering; BA, Western Civilization; MS, Physics; etc.).

Item 13. College/University. Print/type the name of the College/University where Item 10 was obtained, if applicable.

Item 14. Sponsor Data. This item is to be completed only by the spouses of military and DoD civilians whose personnel files are not kept by the government.

- Name. Print/type your sponsor's name, last name first.
- SSN. Enter your sponsor's Social Security Number.

SECTION II - CAREER AREA INFORMATION

The text entered for the career area information will be printed verbatim on your resume. Carefully choose your words, grammar, and presentation format.

You may complete up to two additional career information sections resulting in two additional resumes by completing DD Form 2580C. Each Career Area Information section (Section II) will be combined with the Personal Information (Section I) to form a single resume. Each resume should represent a career that is related to the job type preference codes entered in Item 15.

Item 15. Job Type Preferences. Enter up to three codes from the Occupational Employment Statistics (OES) Codes that most closely match(es) the type of job(s) you are seeking/qualified to perform.

Item 16. Objective. Print/type your career objective. Use this space to tell a prospective employer what your employment goal is. You may leave the objective narrative blank (*resulting in the omission of the Objective portion on your resume*).

Item 17. Summary of Qualifications. Use this space to tell the prospective employer about yourself. Include the training, experience, supervisory skills, special talents, and personal abilities that make you uniquely qualified for jobs in this career area.

Item 18. Source of Experience Narrative. Place an X in the first box if you would like your resume to automatically include the primary occupation description from your most current military/civil service personnel file. Place an X in the second box if you would rather supply your own narrative in Item 19.

Item 19. Experience Narrative. Use this space to let the prospective employer know the prior experience you have in this career area. You may leave the experience narrative blank (*resulting in the omission of the Experience portion on your resume*).

Form Approved
OMB No. 0704-0324
Expires Dec 31, 2000

PLEASE DO NOT RETURN YOUR FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO YOUR LOCAL MILITARY TRANSITION OFFICE.

AUTHORITY: 10 U.S.C. 136, 1143, 1143a, 1144, 2358; P.L. 101-510, 102-484 and 103-337; 31 U.S.C. 1535; and EO 9397.

ROUTINE USE(S): No release of personal information for any purpose other than that noted in "Principal Purpose(s)" is authorized.

DISCLOSURE: Voluntary; however, failure to provide all requested information will result in the applicant not being included in the system.

SECTION I - PERSONAL INFORMATION

1. NAME (Last, First, Middle Initial)				2. SSN				3. DATE AVAILABLE FOR WORK (YYYYMMDD)			
4. FILING STATUS (X the first category that applies)											
<input type="checkbox"/> a. MILITARY (X one)		<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY		<input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS		<input type="checkbox"/> COAST GUARD		<input type="checkbox"/> b. CIVIL SERVICE EMPLOYEE		<input type="checkbox"/> c. SPOUSE OF MILITARY OR CIVIL SERVICE EMPLOYEE	
5. U.S. CITIZEN? (X one)						6. REGISTRY SELECTION (X one)					
<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> DORS/PACS			<input type="checkbox"/> PACS ONLY		
7. ADDRESS AND TELEPHONE NUMBERS (For the next three to six months)											
a. STREET ADDRESS (Line 1)						b. STREET ADDRESS (Line 2)					
c. CITY						d. STATE OR U.S. POSSESSION				e. U.S. ZIP CODE	
f. COUNTRY				g. FOREIGN ZIP CODE		h. U.S. TELEPHONE NUMBER (Include area code)					
i. FOREIGN TELEPHONE NUMBER (Include area code)						j. ALTERNATE TELEPHONE NUMBER (Include area code)					
8. REGIONAL WORK PREFERENCES (Enter one digit per block)											
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
9. SPECIFIC WORK LOCATION PREFERENCES (Nearest large town or city within commuting distance - does not have to be in the selected region)								10. HIGHEST EDUCATION LEVEL ACHIEVED (X one)			
a. STATES OR U.S. POSSESSIONS				b. CITY (Leave blank for State-wide consideration)				<input type="checkbox"/> a. NON-HIGH SCHOOL GRADUATE <input type="checkbox"/> b. HIGH SCHOOL GRADUATE OR GED <input type="checkbox"/> c. LESS THAN 2 YEARS OF COLLEGE <input type="checkbox"/> d. ASSOCIATE DEGREE OR EQUIVALENT <input type="checkbox"/> e. LESS THAN 4 YEARS OF COLLEGE <input type="checkbox"/> f. BACHELOR'S DEGREE <input type="checkbox"/> g. POST BACHELOR'S STUDY <input type="checkbox"/> h. MASTER'S DEGREE <input type="checkbox"/> i. POST MASTER'S STUDY <input type="checkbox"/> j. DOCTORATE DEGREE			
(1)											
(2)											
(3)											
(4)											
(5)											
11. YEAR ACHIEVED				12. MAJOR AREA OF STUDY (If applicable)				13. COLLEGE/UNIVERSITY (If applicable)			
14. SPONSOR DATA (Applicable only to spouses of military or civil service personnel)											
a. SPONSOR NAME (Last, First, Middle Initial)						b. SPONSOR SSN					

SECTION II - CAREER AREA INFORMATION

The personal information you have just completed will be combined with this career area information to form one complete resume. You may complete up to two additional career information sections resulting in two additional resumes by completing DD Form 2580C. Each resume's career information represents a career that can be related to a maximum of three job type preference codes (e.g., for "Therapist," you might enter the codes of 32305 (Occupational Therapist), 32308 (Physical Therapist) and 32317 (Recreational Therapist).

15. JOB TYPE PREFERENCES (See Instructions for job codes. Enter one digit per block.)

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16. OBJECTIVE (Optional) (State an objective. Your "objective" could describe a job title, position, or occupation that you desire.)
(Example: Seeking a position with management potential in the transportation industry.)**17. SUMMARY OF QUALIFICATIONS** (See Instructions. Limit entry to 15 lines, 75 characters per line.)**18. SOURCE OF EXPERIENCE NARRATIVE** (X one)

a. USE THE PRIMARY OCCUPATION (i.e., MOS, AFSC, Rating, NEC, NOBC, GS, or WG) DESCRIPTION FROM MILITARY/CIVIL SERVICE PERSONNEL FILES. (Applicable to Military (except USCG officers)/Civil Service Personnel only) (Proceed to Item 20.)

b. SUPPLY YOUR OWN EXPERIENCE NARRATIVE IN ITEM 19 BELOW.

19. EXPERIENCE NARRATIVE (Limit entry to 10 lines, 75 characters per line.)

20. PLEASE USE DD FORM 2580C IF YOU NEED TO COMPLETE ADDITIONAL RESUMES.
X THIS BOX IF DD FORM 2580C IS USED.

21. AUTHORIZATION (All applicants must read and sign)

I hereby authorize release of the data on the DD Forms 2580 and 2580C (if used) to civilian agencies and/or public and private organizations for employment purposes. If I am a civil service employee or an active duty service member, I also authorize the release of data from extracts of my computerized personnel records.

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)